



ANNUAL CONVENTION

2024 Annual Convention Registration Form

June 13-15, 2024 Harborside Hotel, Spa & Marina – Bar Harbor, ME

ONE (1) FORM PER ATTENDEE

Name: _____ Badge Name: _____
Prefix, First, Last

Mailing Address: _____
Street City State Zip

Telephone: _____ E-Mail: _____
Preferred e-mail address to receive CE Certificate(s)

Dietary Restrictions: _____

Accommodations Requested: _____

★ A photographer will be present at the event, taking photos for the Maine Dental Association to use in future flyers, brochures, social media posts, and on our website. If you do not wish for your photo to be displayed, please notify the Maine Dental Association immediately. Any photos captured with you in it will be removed. Contact: Sara Baird at sbaird@medental.org / 207-622-7900

REGISTRATION \$75.00

Registration includes entrance fee, Friday lunch, two drink tickets and appetizers during happy hour & awards event. Only one registration fee is required per person despite how many days you attend.

Thursday, June 13, 2024 \$ _____

Friday, June 14, 2024..... \$ _____

Saturday, June 15, 2024..... \$ _____

Sponsor a Student (\$75)..... \$ _____

Enclosed is my check.

Please use my credit card information included.

Total: \$ _____

Mail to:
Maine Dental Association
PO Box 215
Manchester, ME 04351

Office Use Only:
Received on _____ by _____

CREDIT CARD AUTHORIZATION FORM

By signing this form, you give the Maine Dental Association permission to charge your credit card for the amount indicated below.

I, _____ (Cardholder), authorize Maine Dental Association (Merchant) to charge my credit card (as indicated below) for \$_____

The payment is for the following: 2024 Annual Convention

BILLING INFORMATION

Billing Address: _____

Street

City

State

Zip

Phone #: _____

Email: _____

CREDIT CARD INFORMATION

Card Type: MasterCard VISA Discover AMEX Other: _____

Cardholder Name: _____

Card Number (#): _____

Expiration: _____

mm/yyyy

CVV: _____

CARDHOLDER SIGNATURE

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: _____

Date: _____

Printed Name: _____

Course Selection - Thursday, June 13, 2024

Course	Non-Member Rate	Member Rate	Non-Practicing Member Rate	Hygienist, Assistant, Staff, Guest & Student Rate
PPP Control, Protocol & Risk Management Seminar (4.5 CEs) Mark Franco, Esq. & Robert Peskin, DDS 12:30pm - 5:00pm	\$205.00	\$135.00	\$130.00	\$105.00

Course Selection - Friday, June 14, 2024

Course	Non-Member Rate	Member Rate	Non-Practicing Member Rate	Hygienist, Assistant, Staff, Guest & Student Rate
Slow Morning Flow, Yoga Session Dr. Robert Patenaude Jr. & Carol Patenaude 8:30am - 9:45am	\$25.00	\$25.00	\$25.00	\$25.00

AI Periodontal Disease (2 CEs) Marianne Dryer, RDH, M.Ed. 8:30am - 10:30am	\$150.00	\$100.00	\$95.00	\$75.00
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The Dark Side of Dentistry (7 CEs) Dr. Kyle Stanley 8:30am - 4:30pm	\$525.00	\$350.00	\$335.00	\$265.00
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HPV Vaccinations Jessica Reed, MSN, GNP-BC & Debi Chalmers, RDH, IPDH, MSDH 10:45am - Noon	\$150.00	\$100.00	\$95.00	\$75.00
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Pediatric Space Management (2 CEs) Gary Badger DDS, MS 1:00pm - 3:00pm	\$180.00	\$120.00	\$115.00	\$90.00
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Home Team Advantage Robert Westhoven 1:30pm - 2:45pm	\$150.00	\$100.00	\$95.00	\$75.00
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Lobster Bake / Stolon Mojo 6:00pm - 10:00pm	\$25.00	\$25.00	\$25.00	\$25.00
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Name: _____

Page Total: \$ _____

Course Selection - Saturday, June 15, 2024

Course	Non-Member Rate	Member Rate	Non-Practicing Member Rate	Hygienist, Assistant, Staff, Guest & Student Rate
Slow Morning Flow, Yoga Session Dr. Patenaude 8:30am - 9:45am	\$25.00	\$25.00	\$25.00	\$25.00
Promoting Wellness Guy Cousin, LCSW, LADC, CCS 8:30am - 10:30am	\$150.00	\$100.00	\$95.00	\$75.00
Prep Course for DANB Radiation Health and Safety (RHS) Exam Dawn Bearor, RDH, Ed.D 8:30am - 4:30pm	\$275.00	\$275.00	\$275.00	\$275.00
Dry Mouth Mystery! (3 CEs) Shannon Nanne, RDH 9:00am - Noon	\$210.00	\$140.00	\$135.00	\$105.00
Endodontic Sealers (1 CE) Takashi Komabayashi, DDS, MDS, Ph.D 8:30am - 9:30am	\$90.00	\$60.00	\$55.00	\$45.00
CSI Protection Robert Siciliano, CSP, CSI, CITRMS 8:30am - 10:30am	\$150.00	\$100.00	\$95.00	\$75.00
Direct Pulp Capping (1 CE) Takashi Komabayashi, DDS, MDS, Ph.D 9:45am - 10:45am	\$90.00	\$60.00	\$55.00	\$45.00
Honors Luncheon Noon - 1:30pm *Past MDA Presidents, PFA, ICD & ACD	N/A	\$45.00	\$45.00	N/A
Deadly Skin Cancers (3 CEs) Shannon Nanne, RDH 1:00pm - 4:00pm	\$210.00	\$140.00	\$135.00	\$105.00

Name: _____

Page Total: \$ _____



ANNUAL CONVENTION

2024 Kids Convention RSVP

June 14-15, 2024 Harborside Hotel, Spa & Marina – Bar Harbor, ME

Parent / Guardian Information:

Name: _____
First, Last

E-Mail: _____

I am attending the Annual Convention as a... Speaker Participant Exhibitor Sponsor

How many child(ren) are attending? _____

Age(s) of child(ren) attending: _____

Disclosure:

Minor children under 13 years of age must always be accompanied by a parent or guardian. The supervision of minor children over the age of 13 years of age is at the discretion of the parent or guardian. The Maine Dental Association is not liable for the supervision of child(ren).

As the legal representative, I remain legally responsible for any personal actions taken by the above-named minor (participant). I agree on behalf of myself, the child named herein, or our heirs, successors, and assigns to hold harmless and defend the Maine Dental Association, its Officers, Directors, Employees, and Volunteers of this event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Maine Dental Association, its Officers, Directors, Employees, and Volunteers associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage.

Office Use Only:
Received on _____ by _____